Captain Edwards was born in North Charleston, South Carolina and has returned to his native area, now making his home in Summerville. As a young 17-year-old graduate of Chicora High School, Captain Edwards joined the United States Marine Corps. After five months of Basic Training he was sent to South Vietnam where he served as an infantry soldier from November 1967 to June 1969. He was awarded two Purple Hearts for wounds he received during his tour.

Upon returning to the States, Captain Edwards spent another 20 years in the Marine Corps serving at Camp Pendleton, Camp Lejeune, and Twentynine Palms. While on active duty, he furthered his education eventually earning a Bachelor's Degree in Political Science from the College of Charleston. He retired from the Marine Corps in 1987.

After his first career serving in the military, Captain Edwards sought to use his talents in law enforcement. He began his second career with SLED as a latent fingerprint technician in the forensic laboratory. Captain Edwards steadily rose through the ranks from lab technician to Field Agent, Lieutenant, and finally Captain. In this last position, he served as the Special Agent-in-Charge overseeing SLED's operations in the Low Country Region of South Carolina. On February 18, 2005, Captain Edwards retired from this second career to focus on his personal passions in life.

Captain Edwards is an active member of Wesley United Methodist Church in Ladson, South Carolina, and helps organize crime prevention and awareness activities in his community. Captain Edwards has received several awards from the United Negro College Fund for his ongoing volunteer work to raise money for college scholarships. And has been very helpful to me as a member of my 6th Congressional District Advisory Committee that helps select the nominees I recommend to the U.S. Military Academies each year.

Captain Edwards has two adult children, three grandchildren, and a son-in-law and daughter-in-law.

Mr. Speaker, I ask you and my colleagues to join me today in recognizing the accomplishments of Captain Buster Edwards and congratulating him upon his retirement. His selfless dedication on behalf of his state and his country deserve commendation.

HONORING THE PUBLIC SERVICE OF ROBERT P. HENRY

HON. LUCILLE ROYBAL-ALLARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 10, 2005

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise today to honor a man whose 35 years of public service to the City of Los Angeles serves as an example to us all. I would like to acknowledge this outstanding gentleman whose reputation for hard work, enthusiasm, and diligence is well deserved.

Since beginning his career in 1970 Mr. Henry has worn many different ''hats'' within the Harbor Department. In each role he demonstrated an exceptional degree of competency and innovation.

In 1982, Mr. Henry established the Harbor Department's first word processing center. This groundbreaking project provided typing support to the entire department. Mr. Henry's visionary thinking and leadership is evident in his taking on the task of bringing the popular Red Cars back to the Los Angeles area. Years of research, regulations, and endless paperwork culminated in the 2003 successful launch of the Port of Los Angeles Waterfront Red Car Line, which carries hundreds of happy passengers each week.

Mr. Henry's commitment to the City of Los Angeles goes beyond his years of dedicated service in the Harbor Department. Throughout his career he also found the time for community work, donating hundreds of hours to make recordings for the blind and dyslexic. Mr. Henry set a high standard for stellar public service to the Harbor Department, the city, and his fellow citizens. His family, neighbors, and indeed the entire community of Los Angeles are all enriched by his years of dedication and service.

Therefore, Mr. Speaker, it is with pleasure that I take this opportunity to express my thanks, and that of a grateful city, to Robert P. Henry for 35 years of dedication and public service.

A TRIBUTE TO AILEEN ROSA-ARROYO

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 10, 2005

Mr. TOWNS. Mr. Speaker, I rise in honor of Aileen Rosa-Arroyo who has dedicated her career to educating our children from toddler to adulthood.

Aileen was born in Brooklyn, New York on November 9, 1962 and is the daughter of Judith Valentin and Gilberto Rosa. She is happily married to Miguel Angel Arroyo, Jr. of Long Beach, N.Y. and is the proud mother of three beautiful children, Alexandra, 14, Isabella Angelica 3 and Christopher Michael who is 10 months old. They reside with their children in Island Park, New York and are surrounded by loving and doting grandparents, Miguel and Lily Arroyo.

Early in her education, Aileen distinguished herself as an excellent student. Graduating from the elite Mary Louis Academy in Jamaica Estates, New York, she majored in English, Spanish and Music. She was then awarded a four-year scholarship for academic excellence to St. John's University, where she studied Communication Arts & Sciences, and did an internship at a television station in production and sales. Her graduate work is in Early Childhood & Elementary Education, completing a Master's Degree in Education and post-graduate work in Bilingual Education and English as a Second Language from Long Island University. Understanding the need for role models in a position of leadership in the educational field and in her community, she then went on to do her second Master's Degree in Supervision and Administration at The College of New Rochelle.

Aileen is the Director of Education & Administration of one of the largest child-care facilities in the City of New York, The Grand St. Settlement Child & Family Center located in the Bushwick section of Brooklyn. The facility services toddlers, pre-school and school-age children and has Head Start and Universal Pre-K Programs. She is an accomplished educator, holding NYS Permanent Licenses and Permanent Certifications in Supervision & Administration, Early Childhood & Elementary Education, Bilingual Education and Teachers of English to Speakers of Other Languages. Her experience spans from pre-k to college, having worked as a teacher in the NYC and Long Island public schools for over 15 years and as a professor at both Touro and Boricua Colleges.

Aileen has always been an active leader in our community. She has been honored three times with the Caritas Citation for Community Service and The American Legion Award for Community Service. She has received numerous decorations from the New York City Police Department for Dedicated Service, and the New York State Senate has presented her two citations for Community Service and Outstanding Leadership. The University of The State of New York has bestowed upon her Recognition for Professional Achievement. She is a member of the American Federation of School Administrators, the Council of Administrators & Supervisors, the New York State Association for Bilingual Educators, and Phi Delta Kappa Education Fraternity. Aileen has organized and implemented educational and training programs for children, teens and parents, and staff development for colleagues. She has spent her life giving to others. Her role as an outstanding educator and community leader impacts the lives of many in a positive fashion.

Mr. Speaker, Aileen Rosa-Arroyo has been a leader in her community by ensuring that every member of her community has the opportunity to be educated and succeed. As such, she is more than worthy of receiving our recognition today and I urge my colleagues to join me in honoring this truly remarkable person.

RECOGNITION OF DR. KENNETH L. SAUNDERS, SR.

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 10, 2005

Mr. PALLONE. Mr. Speaker, I rise today to recognize the achievements of a dedicated member of my community, Dr. Kenneth L. Saunders, Sr. Next month, Dr. Saunders will be celebrating his 16th pastoral anniversary at the North Stelton A.M.E. Church. He has emerged over the years as a community leader as well as a dedicated member of his congregation. Under his committed administration, the congregation at North Stelton has more than doubled.

In addition to serving his community through the church, Dr. Saunders works as State Parole Board Commissioner, Chaplain of the local police department, and New Brunswick Theological Seminary Trustee. He has received numerous accolades including Senatorial commendation, the humanitarian of the year award from the Rutgers University School of Medicine and Dentistry, and the Martin Luther King, Jr. award from the local chapter of the NAACP.

Dr. Saunders is also devoted to his family life. He has been married to Sister Shirley Harris Saunders for 25 years and is the proud

father of Kenneth L. Saunders, Jr. The efforts of Dr. Saunders in the community and the church have benefited many citizens throughout his career.

I ask my colleagues in the United States House of Representatives to join me in recognizing the outstanding accomplishments of Dr. Kenneth L. Saunders, Sr., an exemplary citizen that I am proud to represent here in Congress.

AN EXCERPT FROM DR. ARNOLD S. RELMAN'S NEW REPUBLIC ARTICLE: ''THE HEALTH OF NATIONS''

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 10, 2005

Mr. STARK. Mr. Speaker, I rise today to recognize an excellent article recently published in the New Republic. It has been apparent for years that free market solutions will do nothing to ameliorate the healthcare crisis in our nation. This article, authored by Arnold S. Relman, M.D., the former editor of the New England Journal of Medicine, shows us exactly why market forces hinder, not help our attempts to reform the system.

In his article, Dr. Relman explains how free market approaches—focused on consumer driven health care and individually purchased high deductible health plans—will only exacerbate the problem of the uninsured. The only thing that is empowered by these solutions is blatant discrimination against the sick and poor who will not have affordable access to care. We already have 45 million uninsured in this country, and according to Dr. Relman that number will only continue to grow if we continue down this dangerous path.

Dr. Relman proposes a solution that isn't politically popular but would fix the myriad problems in our current system. It starts with a ''tax-supported national budget for the delivery of a defined and comprehensive set of essential services to all citizens at a price we can afford.'' This universal system would rely on networks of not-for-profit providers supplying all the care covered under the national plan. A new federal agency would administer the plan, generating huge economies of scale and reducing spending by billions. This is the only real solution to our current crisis, and I commend Dr. Relman for taking a tough stand on this difficult issue.

It is with pleasure that I submit the attached excerpts from the article, ''The Health of Nations,'' for inclusion in the CONGRESSIONAL RECORD. The article originally appeared in the March 7, 2005 edition of the New Republic.

[From the New Republic, March 7, 2005]

EXCERPTS FROM: THE HEALTH OF NATIONS

(By Arnold S. Relman)

In this past election season, our dysfunctional and extravagantly expensive health care system was pushed off the front pages by concerns about the candidates, the fight against terrorism, and the war in Iraq. And yet the health system's problems will not go away; sooner or later we will have to solve them or face disastrous consequences. Over the past four decades (starting just before the arrival of Medicare and Medicaid), both the system itself and ideas about how it should be reformed have changed a lot, but an equitable, efficient, and affordable arrangement still eludes us.

During the past four decades our health policies have failed to meet national needs because they have been heavily influenced by the delusion that medical care is essentially a business. This delusion stubbornly persists, and current proposals for a more ''consumer-driven'' health system are likely to make our predicament even worse. I wish to examine these proposals and to explain why I think they are fundamentally flawed. A different kind of approach could solve our problems, but it would mean a major reform of the entire system, not only the way it is financed and insured, but also how physicians are organized in practice and how they are paid. Since such a reform would threaten the financial interests of investors, insurers, and many vendors and providers of health services, the short-term political prospects for such reform are not very good. But I am convinced that a complete overhaul is inevitable, because in the long run nothing else is likely to work . . .

. . . In 1963, a seminal analysis of the medical care system as a market was published in the American Economic Review by the distinguished economist Kenneth J. Arrow. He argued that the medical care system was set apart from other markets by several special characteristics, including these: a demand for service that was irregular and unpredictable, and was often associated with what he called an ''assault on personal integrity'' (because it tended to arise from serious illness or injury); a supply of services that did not simply respond to the desires of buyers, but was mainly shaped by the professional judgment of physicians about the medical needs of patients (Arrow pointed out that doctors differ from vendors of most other services because they are expected to place a primary concern for the patient's welfare above considerations of profit); a limitation on the entry of providers into the market, resulting from the high costs, the restrictions, and the exacting standards of medical education and professional licensure; a relative insensitivity to prices; and a near absence of price competition.

But perhaps the most important of Arrow's insights was the recognition of what he called the ''uncertainty'' inherent in medical services. By this he meant the great asymmetry of information between provider and buyer concerning the need for, and the probable consequences of, a medical service or a course of medical action. Since patients usually know little about the technical aspects of medicine and are often sick and frightened, they cannot independently choose their own medical services the way that consumers choose most services in the usual market. As a result, patients must trust physicians to choose what services they need, not just to provide the services. To protect the interests of patients in such circumstances, Arrow contended, society has had to rely on non-market mechanisms (such as professional educational requirements and state licensure) rather than on the discipline of the market and the choices of informed buyers.

Of course, another conclusion could have been drawn from Arrow's analysis (though he apparently did not draw it). It is that medical care is not really a ''market'' at all in the classical economic sense, and therefore that the basic theories of economics are not relevant to the discussion of the first principles of health care. But our society assumes that market economics applies to virtually all human activity involving the exchange of goods or services for money, and this dogma is rarely questioned. Most economists would acknowledge that medical care is an imperfect or idiosyncratic market, but still they believe that it is a market, and that it should therefore obey economic predictions . . .

. . . In 1980, in The New England Journal of Medicine, I described this changing face of American health care as the ''new medicalindustrial complex.'' The term was derived, of course, from the language that President Eisenhower had used (''military-industrial complex'') when warning the nation, as he was retiring, about the growing influence of arms manufacturers over American political and economic policies. Referring to Arrow's analysis, I suggested that market-driven health care would simply add to the explosion of medical expenditures and the growing problems of inequity and variable quality. I was also worried that this uncontrolled industrial transformation would undermine the professional values of physicians, which are surely an essential ingredient of any decent medical care system. Financial incentives were replacing the service ethic of doctors and hospitals, as the providers of care began to compete for market share and larger income. Yet competition on the basis of the price and quality of services—an essential characteristic of most free markets—was little in evidence, demonstrating again the truth of Arrow's argument that the medical care market was different . . .

. . . In an increasingly profit-driven and entrepreneurial medical market, piecework payment for specialized outpatient services stimulated an even greater fragmentation of medical care and a greater use of individually billable items of outpatient technological service. Less attention was given to the continuity and the integration of care, and to preventive medicine. Decreased payments to primary-care physicians and increased pressure on them to see more patients reduced the time that they spent with each patient. As a consequence of all these developments, the quality of primary care suffered, and the difference between the quality of average medical care and the best medical care widened, even as per capita expenditures rose and the number of uninsured and underinsured patients increased. This quality ''gap'' was the subject of a major report in 2001 from the Institute of Medicine of the National Academy of Sciences, which described the many deficiencies in the way patients were being treated and suggested how their medical care could be improved. Unfortunately, the experts preparing the report were not asked to consider how the system itself might be restructured to facilitate the needed improvements.

And so we now live with a seriously defective medical care system, based more heavily on market incentives than the health care regime of any other country in the world. The commercial tone is set by investor-owned insurance companies (the major share of the private insurance market), investor-owned hospitals (about 15 percent of all community hospitals), and investor-owned ambulatory-care facilities and nursing homes (the great majority of both these markets). The behavior of many of the so-called ''not-for-profit'' health care facilities is not much different from that of their investor-owned competitors, because they have to survive in the same unforgiving marketplace, which is indifferent to the social values that originally motivated most health care institutions. As for American physicians, their attitude toward their profession has also been changed by the new medical marketplace. To a degree greater than anywhere else in the world, our doctors think of themselves as competitive business people. As such, they own or invest in diagnostic and therapeutic facilities (including specialty hospitals), they form investor-owned medical